



Water Resources Program
Application for a Water Right Permit

SEP 22 11:48:44
DEPT OF ECOLOGY
FISCAL & BUDGET

☒ SURFACE WATER ☐ GROUND WATER ☒ PERMANENT

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: ALAN W. EDDY	Phone No: 425 432 1947	Other No: 206 310 9106
Address: 21837 SE203 ST		
City: MAPLE VALLEY	State: WA	Zip: 98038
Email Address (optional): aeddy@vircom.net		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (optional):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: EDDY LAKE KACHESS CABIN OWNERS LLC	Phone No: 425 432 1947	Other No: 206 310 9106
Address: 21837 SE203 ST		
City: MAPLE VALLEY	State: WA	Zip: 98038
Email Address (optional): aeddy@vircom.net		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: BUY WATER RIGHTS FROM JERALD A. WILLIAMS SENIOR WATER RIGHTS (COURT CLAIM # 01746, WATER RIGHT CHANGE Appl # CSH-01746 CTCLSB10)

Anticipated length of time to complete your project: EXISTING

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS)	<input checked="" type="checkbox"/> Gallons per Minute (GPM)		
DOMESTIC-MULTIPLE	8		0.06	SEASONAL
TOTAL	8		0.06	

For Ecology Use	APPLICATION NO: <u>34-35521</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>50.00</u>	Check No: <u>5104</u>
	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date <u>09-22-2011</u>
		By <u>[Signature]</u> WRIA: <u>39 Kittitas</u>

TOTAL:	8	0.06	

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL
(Complete A or B, and C below)

A.) If Surface Water Source				B.) If Ground Water Source			
<input checked="" type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____				<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____			
Source Name: <u>No Name</u>				Well diameter & depth: _____			
Tributary to: <u>Lake Kachess</u>				Number of proposed points of withdrawal: _____			
Number of proposed diversion points: <u>1</u>				Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				If available, attach Water Well Report and pump test.			
Well Tag ID No. _____							
C.) Point of Diversion/Withdrawal – Legal Description							
Parcel No.	¼	¼	Section	Township	Range	County	
056835	NE	NE	21	21	13	Kittitas	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>590</u> Feet (<input type="checkbox"/> North/ <input checked="" type="checkbox"/> South) and <u>1130</u> feet (<input type="checkbox"/> East/ <input checked="" type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input checked="" type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section <u>21</u> .							
Parcel No.	¼	¼	Section	Township	Range	County	
Lot(s)	Block(s)		Subdivision				
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: ____ feet (<input type="checkbox"/> North/ <input type="checkbox"/> South) and ____ feet (<input type="checkbox"/> East/ <input type="checkbox"/> West) from the (<input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/>) corner of Section ____							

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☐ YES ☒ NO
If no, do you have legal authority to make this application for use of another's land? ☒ YES ☐ NO
Provide the owner name(s), address, and phone number: Lake Kachess Cabin Owners, c/o Robin Morissey, 7224 N Fotheringham St. Spokane, WA 99205. Phone 509-953-7158.

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____

Lot 94, LAKE KACHESS SUMMER HOME SITES, COUNTY OF KITTITAS, STATE OF WASHINGTON, AS PER PLAT THEREOF RECORDED IN BOOK 4 OF PLATS, PAGE 23 AND PAGE 24, RECORDS OF SAID COUNTY						
1/4	1/4	Section	Twp.	Range	County	Parcel No.
NW	NE	21	21N	13E	KITTITAS	658836

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): EXISTING WATER SYSTEM; 12" COLLECTION PIPE @ SPRING - FEEDING A 500 GAL FIBERGLASS STORAGE TANK VIA A 2" PLASTIC PIPE ENCASED WITHIN A 4" STEEL PIPE - GRAVITY FED - TANK FEEDS LOT VIA A 2" PLASTIC PIPE ENCASED IN 4" STEEL; WITH A DRAIN DOWN DIVERTER @ CORNER OF LOT 92 & 93 AND THE CUL DE SAC

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION
(Complete A or B, and C below)

A.) Domestic Water Systems only		B.) Municipal Water Systems only <i>(defined under RCW 90.03.015)</i>	
Projected number of connections to be served: <u>2</u>		Present population to be served water: _____	
Type of connections: <u>RECREATIONAL CABIN - RV</u> <small>(e.g., home, recreational cabin)</small> <u>DOMESTIC - MULTIPLE</u>		Estimate future population to be served: _____ (20 year projection)	
C.) Water System Planning			
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, date plan was approved ____/____/____ Water System Number: _____			
Name of water system: _____			
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, explain why you are unable to connect to the system: _____			

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = 0 ACRES

NOTE: Outline the area to be irrigated on your attached map.

Stockwater

List number and kind of stock: 0

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: NONE

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: 500 GAL STORAGE TANK
FIBERGLASS LOCATED 100' BELOW SPRING

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: EXIT I 90 AT EXIT 70, TURN RIGHT TO
SPARKS RD, TURN LEFT (WEST) TO KACHESS DAM RD RIGHT TURN
& FOLLOW 4 MILES TO GATE 6650 ENTER TURN LEFT & GO TO
CUL DE SAC

Site Address: 21 KACHESS DAM LN, EASTON, WA

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

ALAN W EDDY
Print Name
(Applicant or authorized representative)

Alan W Eddy
Signature

09-20-2011
Date

ALAN W EDDY
Print Name
(Legal Owner or Part Owner Place of Use)

Alan W Eddy
Signature

09-20-2011
Date

LINDA C SALAZAR-EDDY
Print Name
(Legal Owner or Part Owner Place of Use)

Linda C Salazar-Eddy
Signature

09-20-2011
Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 180th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO BOX 7745 Olympia WA 98504-7745 (360) 407-6300



If you have questions
about your
application, contact
the Water Resources
program at the
ECY 040-1-14 (Rev. 1-4
Persons with hear